

United States District Court

DISTRICT OF

MASSACHUSETTS

2004 DEC -8 A 11:58

JOSE DAVILA

Plaintiff

APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

v.

Kathleen Demery, et al.

Defendant

CASE NUMBER:

I, Jose Davila

declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant
 ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?: ☒ Yes ☐ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration MCH-C7

Are you employed at the institution? No Do you receive any payment from the institution? _____

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Rent payments, interest or dividends	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c. Pensions, annuities or life insurance payments	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
d. Disability or workers compensation payments	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
e. Gifts or inheritances	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
f. Any other sources	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If the answer to any of the above is "yes" describe each source of money and state the amount received and what you expect you will continue to receive.

AO 240 (Rev. 1/94)

4. Do you have any cash or checking or savings accounts? ☐ Yes ☐ No

If "yes" state the total amount. _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

12/1/04
DATE

Jose Dorado
SIGNATURE OF APPLICANT

CERTIFICATE

(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 08 personal; 12.01 Savings on account to his/her credit at (name of institution) MCI Cedar Junction. I further certify that the applicant has the following securities to his/her credit: Same as above. I further certify that during the past six months the applicant's average balance was \$ 07 personal; 11.96 Savings.

A ledger sheet showing the past six months' transactions:



is attached



is not available at this institution

DEC 3 2004

INMATE ACCOUNTS

DATE

MASS INCORP. OF AUTHORIZED OFFICER
P.O. BOX 100
SOUTH WALPOLE, MA 02071

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY'S FEE OR FOR OTHER COURT SERVICE WITHOUT PAYMENT OF FEE

IN UNITED STATES ☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☒ OTHER PANEL (Specify below)

IN THE CASE OF

DAVILA

v.s. DENNETHY, et al.

FOR

DISTRICT

2004 DEC -8 A 11:58

AT

MASSACHUSETTS

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

JOSE DAVILA

CHARGE/OFFENSE (describe if applicable & check box →)

☐ Felony☐ Misdemeanor

- 1 ☐ Defendant - Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☒ Other (Specify) US/1483 Act

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

ANSWERS TO QUESTIONS REGARDING CHILDREN TODAY

EMPLOYMENT

Are you now employed? ☐ Yes ☒ No ☐ Am Self-Employed

Name and address of employer: _____

IF YES, how much do you
earn per month? \$ _____IF NO, give month and year of last employment
How much did you earn per month? \$ _____If married is your Spouse employed? ☐ Yes ☒ NoIF YES, how much does your
Spouse earn per month? \$ _____If a minor under age 21, what is your Parents or
Guardian's approximate monthly income? \$ _____

OTHER INCOME

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☒ No

RECEIVED

SOURCES

IF YES, GIVE THE AMOUNT
RECEIVED & IDENTIFY
THE SOURCES

\$ _____

CASH

Have you any cash on hand or money in savings or checking accounts? ☐ Yes ☒ No IF YES, state total amount \$ _____

PROPERTY

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ NoIF YES, GIVE THE VALUE AND \$
DESCRIBE IT

VALUE

DESCRIPTION

MARITAL STATUS

- ☒ SINGLE
☐ MARRIED
☐ WIDOWED
☐ SEPARATED OR
☐ DIVORCED

Total
No. of
Dependents

List persons you actually support and your relationship to them

DEPENDENTS

OBLIGATIONS & DEBTS

DEBTS & MONTHLY BILLS

(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)

APARTMENT
OR HOME:

Creditors

Total Debt

Monthly Paymt.

\$

\$

\$

\$

\$

\$

\$

\$

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

X Jose Davila

12/5/04

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)